



Montana
Office of Public Instruction
Denise Juneau, State Superintendent



2012 MONTANA SCHOOL HEALTH PROFILES SUMMARY

*A STATUS REPORT OF SCHOOL HEALTH POLICIES
AND HEALTH EDUCATION PROGRAM IMPLEMENTATION*

**Montana Office of Public Instruction
Health Enhancement and Safety Division**

April 2013



School Health Coordination

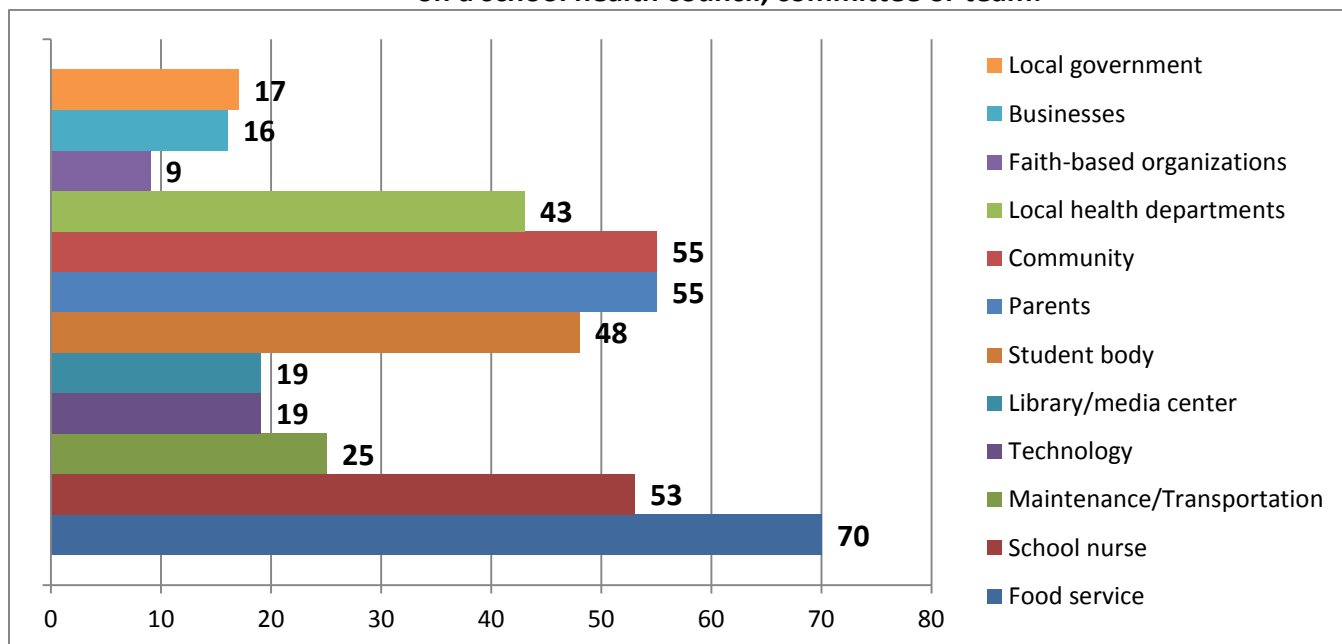


School Health Index

The percentage of schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in the following areas:

Physical Activity – 49%
 Nutrition – 47%
 Tobacco Use Prevention – 52%
 Asthma – 34%
 Injury and Violence Prevention – 41%

Percentage of schools with the following members represented on a school health council, committee or team:



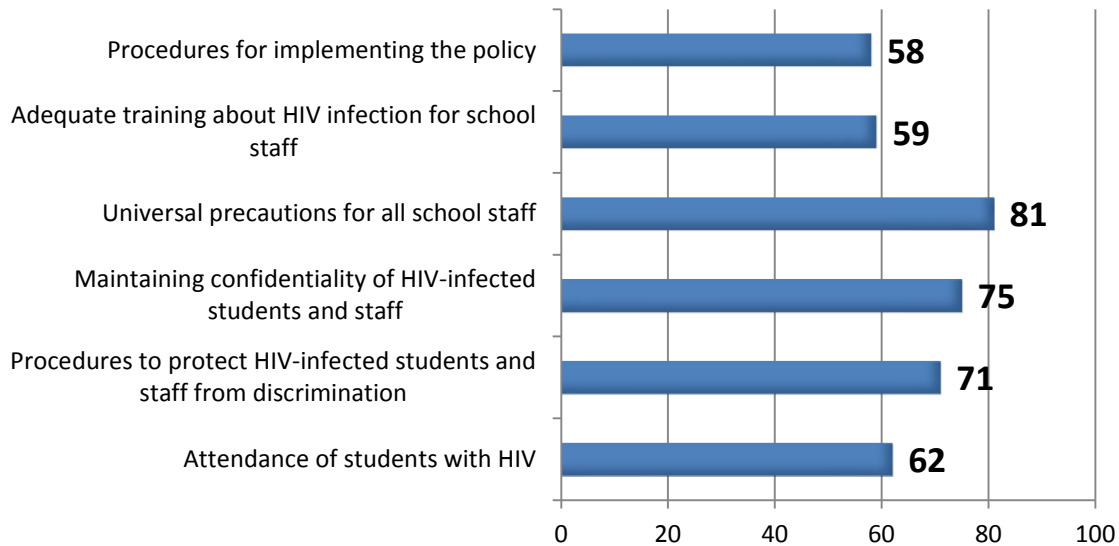
The percentage of schools with a **School Improvement Plan** that includes:

- Health education – 40%
- Physical education and physical activity – 41%
- Nutrition services, foods, and beverages at school – 43%
- Health services – 36%
- Mental health and social services – 39%
- Healthy and safe school environment – 55%
- Family and community involvement – 53%
- Faculty and staff health promotion – 36%

HIV Infection and Sexual Orientation

Human Immunodeficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV/AIDS) was identified in the United States in 1981 - 32 years ago.

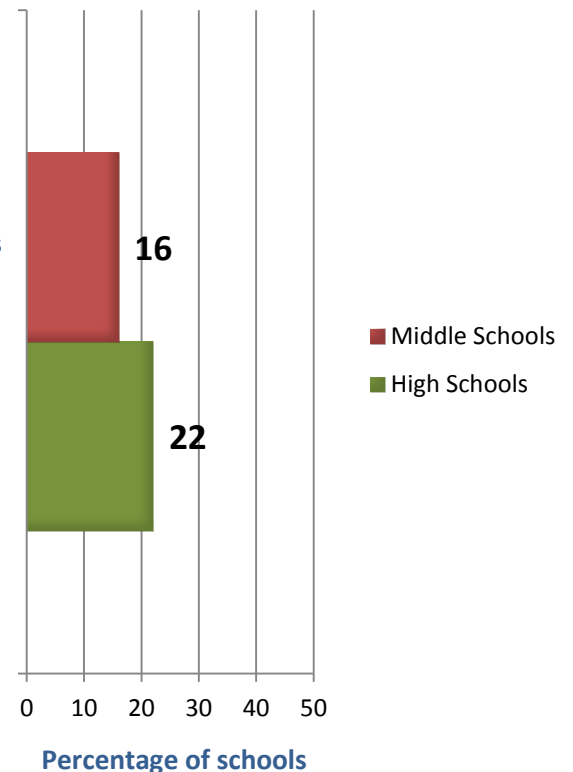
The percentage of schools that have adopted HIV/AIDS policy that addresses the following issues:



LGBTQ Youth-Related Practices

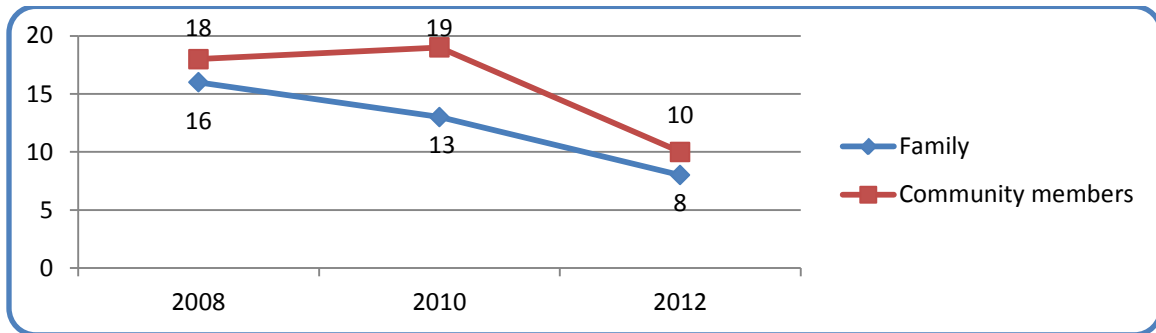
- ✓ 20% of schools (25% high schools, 15% middle schools) have a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity
- ✓ 41% of schools have identified "safe spaces" where LGBTQ youth can get support from school staff
- ✓ 83% of schools prohibit harassment based on a student's perceived or actual sexual orientation or gender identity
- ✓ 56% of schools encourage staff to attend professional development on safe and supportive school environments

Provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth.



HIV Infection and Sexual Orientation

The percentage of schools in which students' families or community members helped develop or implement policies and programs related to HIV, STD or teen pregnancy



The percentage of schools that provided HIV, STD, or pregnancy prevention programs for ethnic/racial minority youth at high-risk, including after-school or supplemental programs that did each of the following activities:

26%

Provided curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities

21%

Provided curricula or supplementary materials in the primary languages of the youth and families

24%

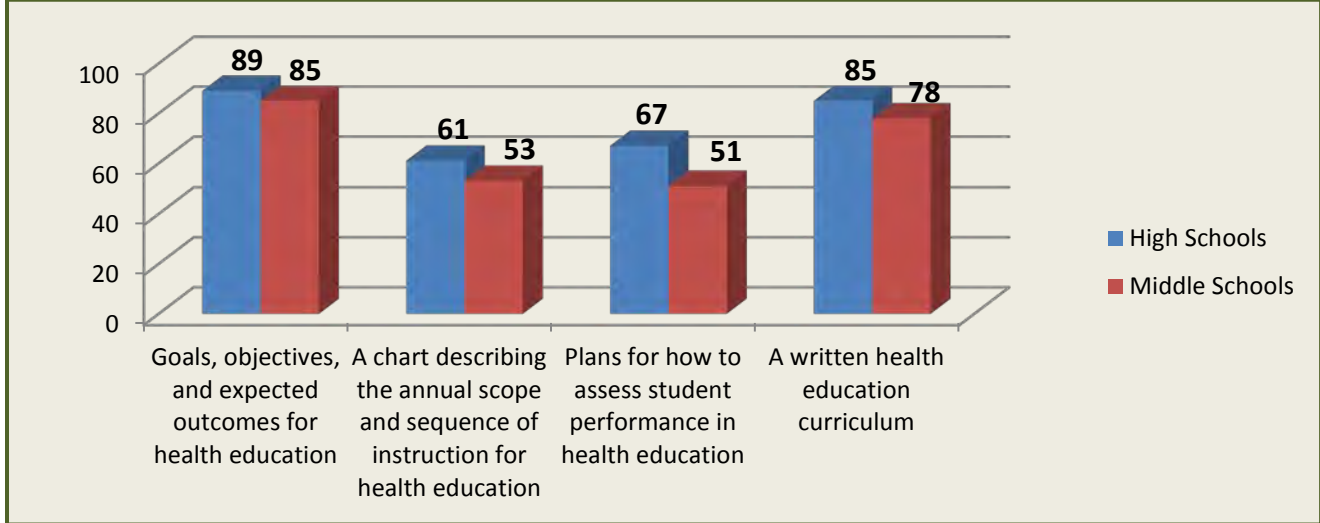
Facilitated access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community

24%

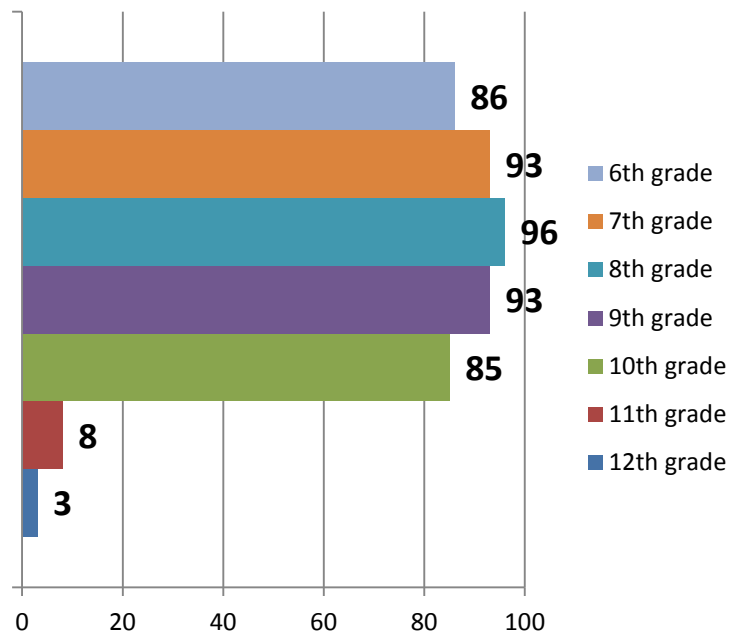
Facilitated access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community

Health Education

Percentage of schools in which the health education teacher is provided with the following materials:



Percentage of schools that taught a required health education course, by grade level



62% of schools require students to repeat a failed health education course

Health Education and Professional Development

The percentage of schools where . . .

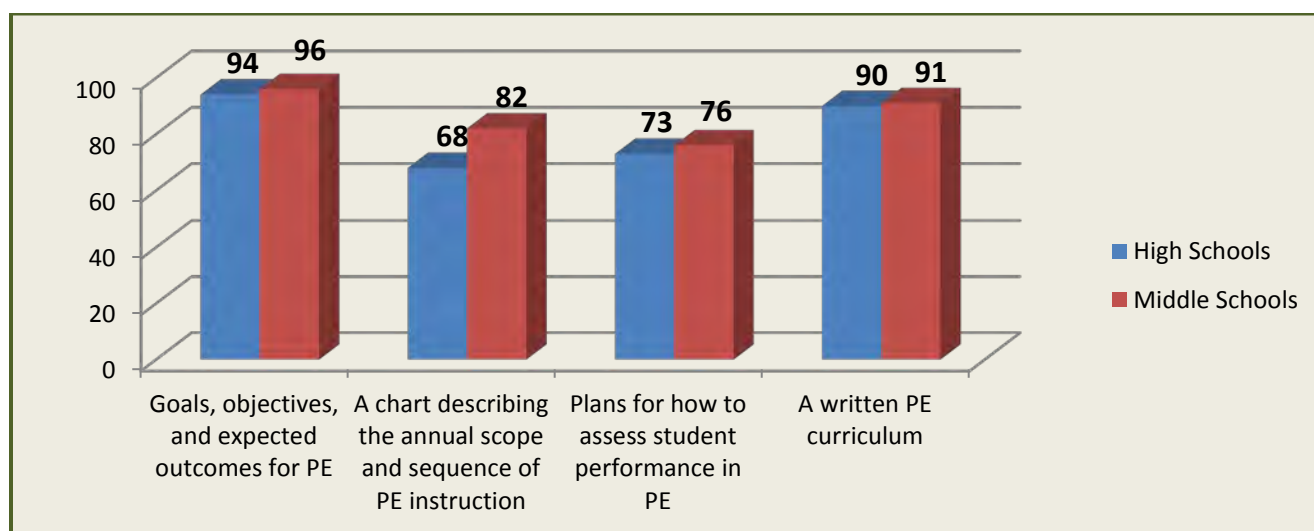
- ① the health educator reported teaching the following topics
- ② the health educator received professional development (PD) in the past two years in the following topics
- ③ the health educator would like to receive professional development in the following topics.

	① Taught topic	② Received PD in this topic	③ Would like to receive PD in this topic
Alcohol- or other drug-use prevention	97	45	74
Asthma	51	24	61
Emotional and mental health	95	32	67
Foodborne illness prevention	77	21	48
HIV prevention	91	46	64
Human sexuality	87	36	63
Infectious disease prevention	91	44	56
Injury prevention and safety	93	51	61
Nutrition and dietary behavior	100	36	70
Physical activity and fitness	100	53	70
Pregnancy prevention	85	26	65
STD prevention	89	37	63
Suicide prevention	82	35	76
Tobacco-use prevention	98	35	66
Violence prevention (e.g., bullying, dating violence)	96	65	77

Physical Education and Physical Activity

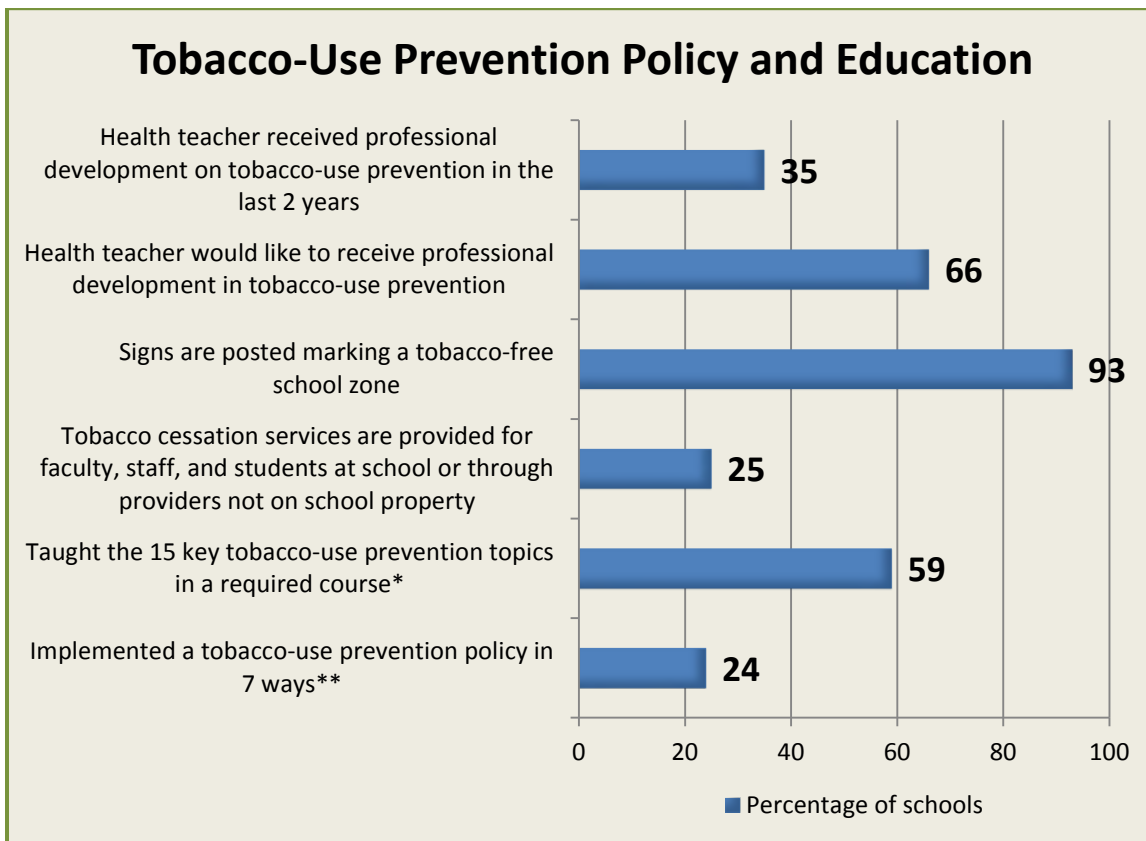
- One hundred percent of schools taught a required physical education course in sixth, seventh and eighth grades; 99% in ninth grade, 95% in tenth grade, and 19% in eleventh and twelfth grades.
- A school's physical education teacher receiving professional development on physical education was reported by 84% of high schools and 90% of middle schools.
- Physical activity breaks in the classroom, outside of physical education, are reported by 30% of high schools and 48% of middle schools.
- Intramural programs or physical activity clubs are provided for all students by 48% of high schools and 60% of middle schools.
- Interscholastic sports are offered to students by 96% of high schools and 91% of middle schools.
- A joint use agreement for shared use of school or community physical activity facilities are reported by 50% of high schools and 59% of middle schools.

The percentage of schools in which those who teach physical education (PE) are provided with the following materials:



Tobacco Use Prevention

61% of Montana schools prohibit tobacco use by students, staff, and visitors in school buildings, at school functions, in school vehicles, on school grounds, and at off-site school events, applicable 24 hours a day, seven days a week.



*Identifying tobacco products and the harmful substances they contain; identifying short- and long-term health consequences of tobacco use; identifying legal, social, economic and cosmetic consequences of tobacco use; understanding the addictive nature of nicotine; effects of tobacco use on athletic performance; effects of second-hand smoke and benefits of a smoke-free environment; understanding the social influences on tobacco use, including media, family, peers, and culture; identifying reasons why students do and do not use tobacco; making accurate assessments of how many peers use tobacco; using interpersonal communication skills to avoid tobacco use; using goal-setting and decision-making skills related to not using tobacco; finding valid information and services related to tobacco-use prevention and cessation; supporting others who abstain from or want to quit using tobacco; supporting school and community action to support a tobacco-free environment; identifying harmful effects of tobacco use on fetal development.

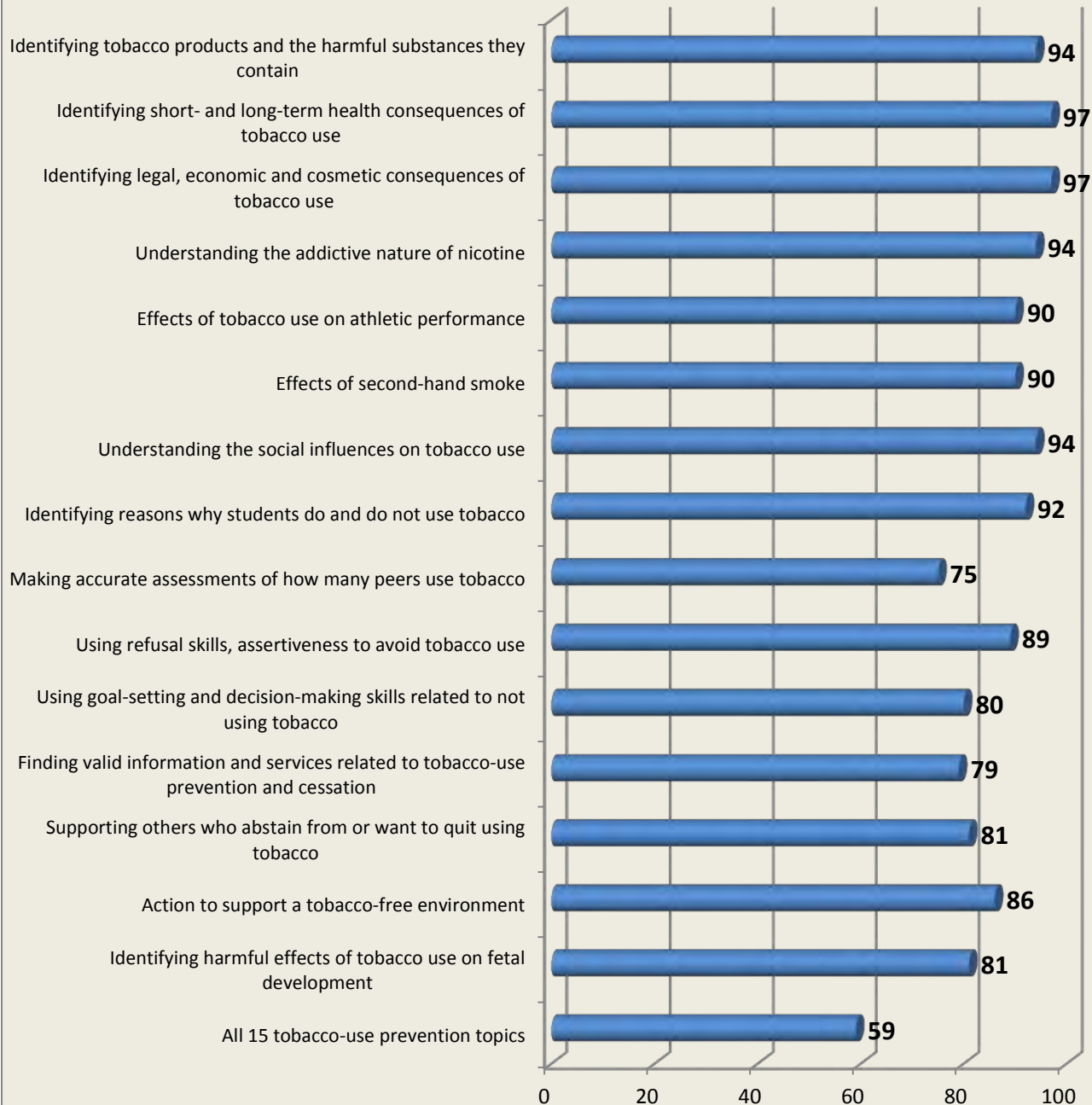
**Provide visible signage; communicate the policy to students, staff, and visitors; designate an individual responsible for enforcement; have a process in place for addressing violations; use remedial rather than punitive sanctions for violators; tailor consequences to the severity and frequency of the violation; communicate student violations to their parents and families.

When students are caught smoking cigarettes, the percentage of schools that ALWAYS or ALMOST ALWAYS take the following actions:

- Parents or guardians are notified – 97%
- Referred to a school administrator – 97%
- Referred to legal authorities – 56%
- Not allowed to participate in extra-curricular activities or interscholastic sports – 78%
- Suspended from school – 33%

Tobacco Use Prevention

Percentage of schools in which teachers taught the following tobacco-use prevention topics



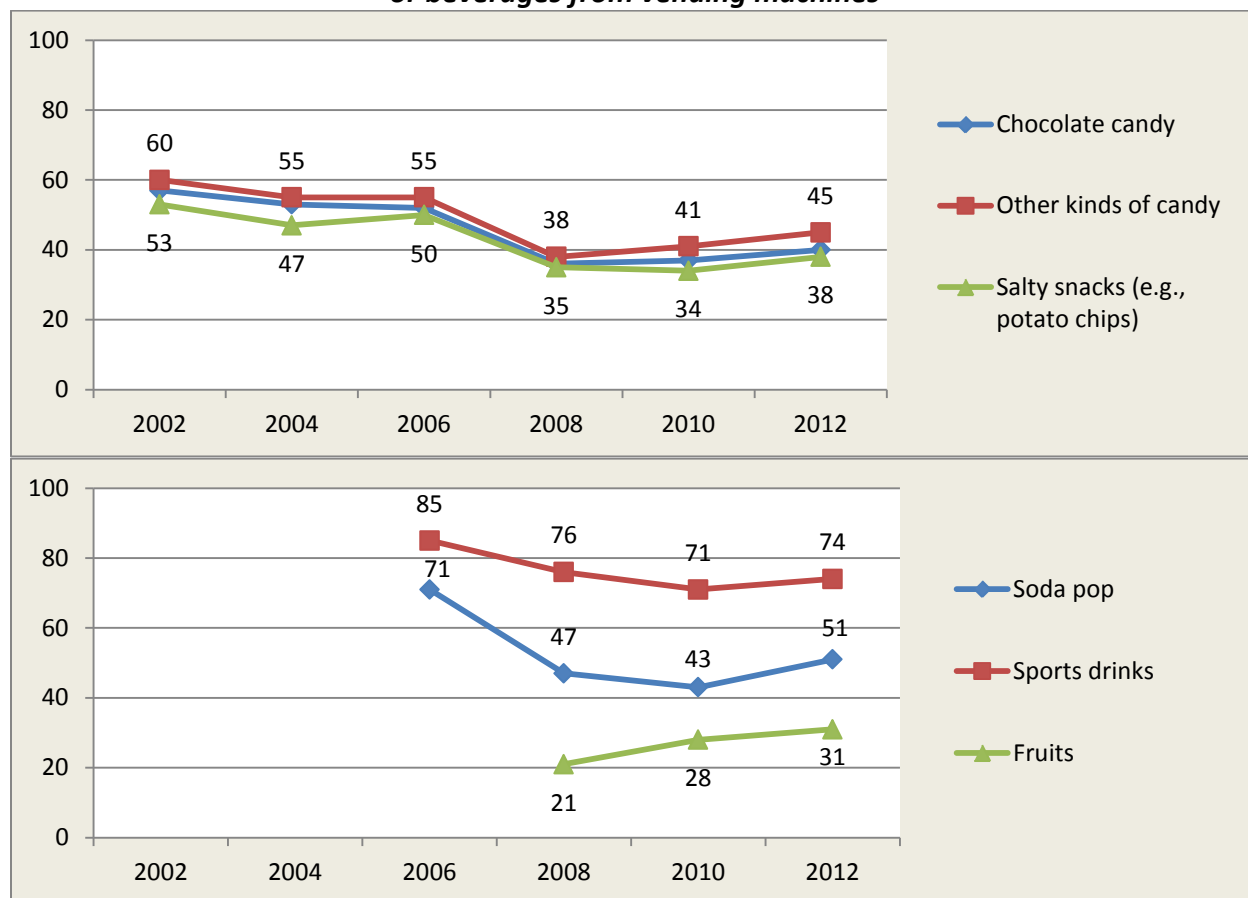
34 % of schools provided parents and families with health information designed to increase knowledge about tobacco-use prevention during the school year.

Nutrition Policies and Practices

64% of schools permit students to have a drinking water bottle with them in *all* locations of the school during the day, 34% in *certain* locations.

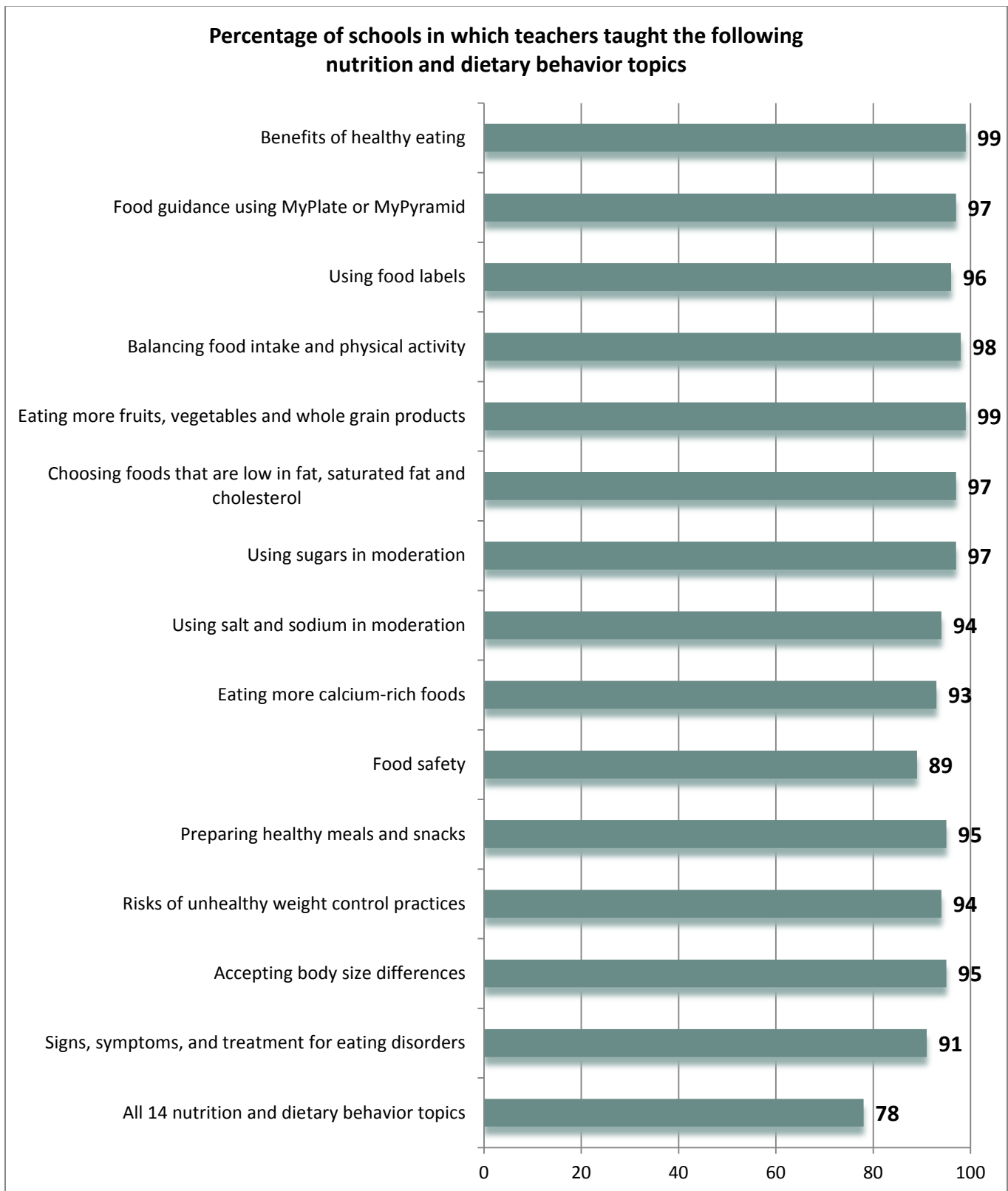
92% of schools offer a free source of drinking water in the cafeteria during meal times.

Percentage of schools where students can purchase the following snack foods or beverages from vending machines



Advertising for candy, fast food restaurants, or soft drinks is prohibited by schools in 50% of school buildings, on 43% of school grounds, on 60% of school buses and in 49% of school publications.

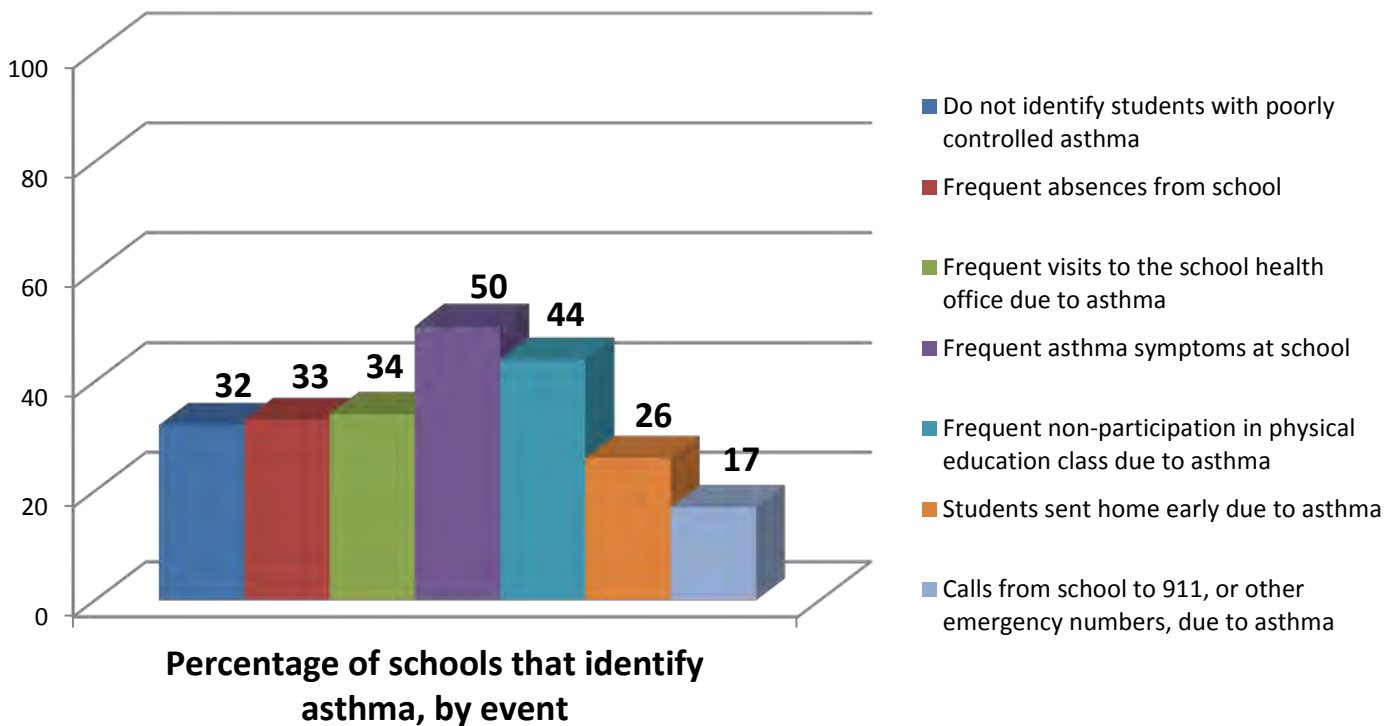
Nutrition and Dietary Behavior Education



Health Services

15% of schools have a full-time registered nurse who provides health services to students

43% of schools have an asthma action plan on file for all students with known asthma



- ✓ **34%** of schools have ever assessed their asthma policies, activities, and programs by using the School Health Index or similar self-assessment tool
- ✓ **77%** of schools have adopted policy stating that students are permitted to carry and self-administer asthma medications
- ✓ **17%** of schools require that all school staff members receive training on recognizing and responding to severe asthma symptoms that require immediate action, as a part of annual staff development

Health Services

The percentage of schools that provide or refer students to the following services:	Provide	Refer
HIV counseling and testing	6%	45%
STD testing and treatment	3%	46%
Pregnancy testing	4%	46%
Provision of condoms	3%	34%
Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, intrauterine device[IUD])	2%	35%
Prenatal care	4%	44%
Human papillomavirus (HPV) vaccine administration	6%	40%

The Montana School Health Profiles is conducted biennially with school principals and lead health educators in grades 6-8 and 9-12 schools. More Profiles reports, including trend data and the 2012 School Health Profiles, are located at www.opi.mt.gov/shp.

This document was developed using federal funds from cooperative agreement 1U87/DP001230 with the U.S. Centers for Disease Control and Prevention



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov